Mental Health/Disability Services of the East Central Region

FY 2015 Annual Report

Geographic Area: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

Approved by ECR Governing Board: DECEMBER 3, 2015

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Introduction

MH/DS of the East Central Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the ECR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The annual report includes documentation of the services provided, the diagnosis groups covered, and the costs associated with providing those services.

Services provided in Fiscal Year 2015

Included in this section of the report:

Access Standards for Core Services and what we are doing to meet access standards
Additional Core Services, availability and plans for expansion
Provider Practices and Competencies

- Multi-occurring Capable
- Trauma Informed Care
- Evidence Based Practices

Core Service/Access Standards: Iowa Administrative Code 441-25.3

Attachment B presents this in an excel spreadsheet format.

Code Reference	**Standard**	**Results**: • Met Yes/No • By which providers	**Comments**: • How measured • If not what is plan to meet access standard and how will it be measured
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	YES Abbe Center for Community Mental Health, Hillcrest Family Services	Contracts held Benton, Vinton Abbe office Bremer uses Waterloo services. 21.2 miles Buchanan, Independence Abbe office Delaware, Manchester Abbe office Dubuque, Dubuque Hillcrest Iowa, Iowa City Abbe office Johnson, Iowa City Abbe office Jones, Anamosa Abbe office Linn, Cedar Rapids, Abbe office
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	YES Buchanan: MHI Linn: Mercy CR and Unity Point Johnson: UIHC Dubuque: Mercy Dubuque, Finley Summit	Contracts; capacity assessed Bremer, Buchanan and Benton also access Covenant and Allen in Waterloo.

Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	**Timeliness**: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	YES Emergency: Mobile Crisis, Hillcrest CMHC, Abbe CMHC	
25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	YES Mobile Crisis, Hillcrest CMHC, Abbe CMHC	There are a multitude of therapists available across the region who can do assessments and therapy. Crisis stabilization beds also have access to therapists/psychiatric nurses.
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	NO Standards are not met in any county for prescribers. Benton 12 weeks Bremer 6 weeks Buchanan 24 weeks Dubuque 12 weeks Delaware 16 weeks Iowa 12 weeks Johnson 12 weeks Jones 12 weeks Linn 12 weeks	The coordinator from each county called the CMHC in their county to verify access times for prescribers. There are therapists available across the region who can do assessments and therapy in well under 4 weeks. The region contracts as requested. Access times for Prescribers: Plan: We are working on a combination of the following to decrease access times. 1. Pay incentives to prescribers to serve the region. 2. Release RFP for another already designated CMHC to locate offices in the region. 3. Require present CMHCs to work with outside telehealth providers to meet access goals. 4. Require CMHCs to assist prescribers with the rural loan repayment program. 5. Work with non CMHC providers to offer telehealth. When we are aware of an emergency situation we have contracted directly with prescribers to see clients without regard to their willingness to access Medicaid.

25.3(3)a(4)	**Proximity**: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	YES Benton Abbe Vinton Bremer Covenant Pathways Buchanan Abbe Independence Dubuque Hillcrest Dubuque Delaware Abbe Manchester Iowa Abbe Iowa City 31.7 miles Johnson Abbe Iowa City UIHC Jones Abbe Anamosa Linn Abbe St Luke's Mercy Cedar Centre Cedar Rapids	
Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	**Timeliness**: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	YES University of Iowa MHI, Independence St. Luke's Mercy, Cedar Rapids and Dubuque	Regional Social Workers are assigned to each hospital psychiatric unit and are contacted at the point of intake.
25.3(3)b(2)	**Proximity**: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	YES All counties are within that range	Google Maps- See Attachment A. The longest distance is under 35 miles.
25.3(3)c	**Timeliness**: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	YES Same day access at Abbe locations. Should be seen within 3 attempts. Hillcrest in Dubuque can accommodate.	The regional plan requires providers to accept Medicaid. At this time the region will do an exception to policy for people to see any available non-Medicaid psychiatrist if the person does not have medication.
Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	**Timeliness**: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	YES Iowa Help Line is sponsored by the region.	1-855-800-1239 See Attachment B There is also a warm line, text and chat.

25.3(4)b	**Timeliness**: Crisis evaluation within 24 hours.	YES Foundation 2, Johnson County and Hillcrest provide Mobile Crisis Outreach.	Evaluation by the mobile crisis team is 24/7/365 anywhere in the region.
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	**Timeliness**: The first appointment shall occur within four weeks of the individual's request of support for community living.	YES Benton: ARC, Genesis, North Star Bremer: CBS, North Star, Larrabee Buchanan: FCS, Goodwill, and B & D Delaware: Penn Dubuque: LSI Iowa: Optimae, Systems Johnson, Impact, Successful Living, Jones: Systems, ARC, DAC Linn: ARC **RHD serves every county in the region in whatever community the person chooses to live and has openings.	Contacted providers for point in time immediate openings. The first contact would be within a week. This is typically monitored by Regional Social Workers and staff who report problems to regional management.
Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	**Timeliness**: The initial referral shall take place within 60 days of the individual's request of support for employment.	Benton: Goodwill Bremer: Larrabee, North Star Buchanan: EPI, Choice Delaware: Unlimited Srvs, G&G Dubuque: Goodwill Iowa: Rural Employment Alternatives Johnson: Goodwill, Systems, Jones: Advancement Services Linn: Goodwill	Called providers
Recovery Services: (Family Support, Peer Support)			
25.3(7)	**Proximity**: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Family Support Peer Support is available	Family Support is done in Linn by the local NAMI. The state NAMI also has two trainers in place for Linn, Johnson and Dubuque. The region contracted with the state NAMI and they are actively recruiting trainers in the rural counties with help from the Coordinators of Disability Services in each county. The region is working with a Peer Support

		through the IHHs and at RHD.	provider to offer the service across the region. We are also releasing an RFP for a peer run drop in center in Manchester as a model for the rest of the region
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	**Proximity**: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	YES Abbe IHH covers all counties except Hillcrest IHH covers Dubuque. All counties are covered by their own Regional Social Workers. Dubuque is covered by Delaware and Iowa is covered by Johnson. Johnson, Jones and Benton assist with coverage for Linn.	It has worked very well to share Regional Social Workers across county lines. There is always someone available to take on new cases and we have been efficient in using social workers time by sharing caseloads.
25.3(8)b	**Timeliness**: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	YES Regional Social Workers are assigned when a client calls in or walks in or when the NOD is received or completed whichever comes first.	Hospitals are covered by Regional Social Workers upon admission. There is at least one Regional Social Worker assigned to every hospital in the region.

Additional Core Services Available in Region: Iowa Code 331.397(6)

Attachment C presents this in an excel spreadsheet format.

Service Domain/Service	Available: • Yes/No • By which providers	Comments: • Is it in a planning stage? If so describe.
Comprehensive Facility and Community-Based Crisis Services: 331.397~ 6.a.		
24-Hour Crisis Hotline	YES Iowa Help Line through Foundation 2 and Johnson County Crisis. Also provides Chat, Text and Warm line.	Please see attachment D.
Mobile Response	YES Foundation 2, Johnson County Crisis Services and Hillcrest. Provides on -site response in all 9 counties of the region within one hour.	Mobile crisis comes out of Cedar Rapids, Iowa City and Dubuque. They respond to all 9 Counties 24/7/365
23-Hour crisis observation & holding	NO	At this time we do not plan to provide this service.
Crisis Stabilization Community Based Services	NO	We would like to have this but no provider wants to do it.

Crisis Stabilization Residential Services	YES Hillcrest in Dubuque Helping Hands and More in Coralville Full Circle in Independence Penn in Cedar Rapids. We also routinely have clients at the CSS crisis bed site in Waterloo.	There are a total of 8 beds. We have 2 beds near each psychiatric hospital which covers Dubuque, Cedar Rapids and Iowa City. We wanted two beds for the northern rural counties so we chose an Independence site because it's central to Bremer, Delaware and Benton.
Crisis Residential Services: 331.397~ 6.b.		
Subacute Services 1-5 beds	NOT YET	We will do the planning once the number of beds assigned to the region are known.
Subacute Services 6+ beds	NOT YET	We will do the planning once the number of beds assigned to the region are known.
Justice System-Involved Services: 331.397~ 6.c.		
Jail Diversion	YES It is available in all 9 counties. 1st Judicial covers Bremer, Buchanan and Delaware and Dubuque. 6th Judicial covers Benton, Jones and Linn. Johnson County jail diversion covers Johnson and Iowa.	
Crisis Prevention Training	YES Mental Health 1st Aid Aces Trauma Informed Care	The Trauma Informed Care trainers will complete training in May. We have a 3 year contract with ACES and TIC entities and training is all free for providers and correctional staff as well as the communities in the region.
Civil Commitment Prescreening	NO	There may be a need and we are willing to bring the programming in but we are waiting to assess the need until the MCOs are up and running. We think they may push for diversion from the hospitals.

Provider Competencies

The Chart below is a brief description of the region's efforts to increase provider competencies in accordance with IAC 441-25.4(2).

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPENTENCY
441-25.4(331)	*List agencies*	*List agencies*	*List Agencies*	*Narrative*
Service providers who provide services to persons with 2 or more of the following co-occurring conditions: *a. Mental Illness* *b. Intellectual Disability* *c. Developmental Disability* *d. Brain Injury* *e. Substance Use Disorder*			*SCL: SA* *RHD serves the whole region.* *ASAC serves Linn and Johnson.* *Abbe Transition B and C serve Linn.*	*Not completed. Training needed for evaluation of this practice.*
Trauma informed care				*We had a region wide trauma informed full day training in Manchester with 200 participants. We have a three year contract with TIC trainers who are training staff in the region to deliver trauma informed care at the macro and micro level. There will be trainings held within the agencies in short bursts led by these staff so that all staff have the opportunity to attend and see how to implement on a practical basis in their work. There will also be half day and full day training offered multiple times across the region for others to attend. The training will be free to participants. The training will be available after the trainers complete their own training in May 2016. We also have a learning community so that providers can assist other providers to implement these practices.*

The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice in accordance with IAC 441-25.4(3).

This is a point in time assessment done over a year ago. We are having trouble deciding exactly who are providers for MI clients because these EBP pertain only to people with MI. Some providers serve both populations but primarily serve people with ID. The Region sent out an initial inquiry asking which agencies either felt that they were using an evidence-based practice or if they were not, would they be interested in developing services modeled after an evidence-based practice? Meetings were set up with 6 agencies and the SAMHSA Fidelity model was reviewed with the providers. The meetings provided information to the agencies regarding the SAMHSA fidelity scales and the scoring that will be used to meet the requirements outlines in IAC 441-25.4 (3). Four of the agencies were currently using practices that were evidence-based but not the SAMHSA model. The other three agencies were interested in learning more about the SAMHSA model and the Regional staff provided them with written information.

A number of questions arose about the implementation of the SAMHSA fidelity scale and the MD/DS ECR has joined with a group of other Regions to ensure the proper implementation of the requirements of the law. A roadmap and training are being developed to ensure the correct implementation of this requirement.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPENTENCY IN EVIDENCE BASED PRACTICES
Core: IAC441-25.4(3)	*List agencies*	*List agencies*	*List Agencies*	*How are you verifying? List Agencies*	*Narrative*
Assertive Community Treatment or Strength Based Case Management				University of Iowa in Johnson, Abbe CMHC in Linn. Verified by Magellan; ECR will verify independently.	None at this time. Regional Staff in training.
Integrated Treatment of Co-Occurring SA & MH			ASAC		None at this time. Regional Staff in training.

Supported Employment	**Larrabee North Star Goodwill of Northern Iowa Area Residential Care, Dubuque; Area Residential Care, Manchester; ARC of Southeast Iowa, Johnson County; Advancement Services, Jones County		Systems Unlimited. Goodwill of the Heartland.		Provided the TIPS. Regional Staff in training. **met with these providers to discuss fidelity measures and process.
Family Psychoeducation			NAMI Linn, NAMI State office		Assisting State NAMI to find volunteers to train classes in rural counties. Regional Staff in training.
Illness Management and Recovery		Penn Tailored Living B &D Services			Provided TIPS. Regional Staff in training.
Permanent Supported Housing	Optimae Johnson. Optimae Linn Hillcrest Johnson. Penn Homes. Tailored Living Comm Serv for the Deaf. Cedar Valley. Larrabee North Star Community Based Services Goodwill of North Iowa B&D Services	Successful Living. Social Services Outreach. Hillcrest Linn. To the Rescue, Full Circle	Builders of Hope RHD Goodwill of the Heartland. Systems Unlimited Johnson. Abbe Transition A & B.		Provided TIPS. Regional Staff in training. Met with Abbe and RHD to discuss.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPENTENCY IN EVIDENCE BASED PRACTICES
Additional Core: 331:397(6)d	*List agencies*	*List agencies*	*List Agencies*	*How are you verifying? List Agencies*	*Narrative*
Positive Behavioral Support			In progress (CSS Control Group 2016)		Relay Positive Behavioral Supports training announcements to regional providers. Regional Staff in training.
Peer Self Help Drop In Center			In progress (Delaware Co. 2016)		Issuing RFP
Other Research Based Practice: IE IPR IAC 331.397(7)				Abbe, Linn	None Regional staff in training.

Individuals Served in Fiscal Year 2015

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

This chart lists the number of individuals funded for each service by diagnosis.

			Diagnostic			
Age	COA	Service Funded	MI	ID	DD	Total
Adult	5373	Public Education Services	14			14
Adult	11422	Direct Admin - Educational & Training Services				1
Adult	21375	Case Management - 100% County	4	2	1	7
Adult	22399	Services Management - Other	18			18
Adult	31351	Transportation - Bus	3	1		4
Adult	31354	Transportation - General	99	3	6	108
Adult	32320	Support Services - Home Health Aides		1		1
Adult	32322	Support Services - Personal Emergency Response System	8	1	1	10
Adult	32325	Support Services - Respite Services		2	2	4
Adult	32326	Support Services - Guardian/Conservator	7	5	1	13
Adult	32329	Support Services - Supported Community Living	294	26	86	406
Adult	32399	Support Services - Other	1			1
Adult	33345	Basic Needs - Ongoing Rent Subsidy	118	3		121
Adult	33399	Basic Needs - Other	13	2	1	16
Adult	41305	Physiological Treatment - Outpatient	2			2
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	85	1		86
Adult	41399	Physiological Treatment - Other	1			1
Adult	42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	1			1
Adult	42305	Psychotherapeutic Treatment - Outpatient	560			560
Adult	42363	Psychotherapeutic Treatment - Day Treatment Services	2			2
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	38			38
Adult	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	10			10
Adult	42399	Psychotherapeutic Treatment - Other	576	2	7	585
Adult	44301	Crisis Evaluation	2			2
Adult	44304	Crisis Services - Emergency Care	51			51
Adult	44305	24 Hour Crisis Response	41	1		42
Adult	44313	Crisis Stabilization Residential Service (CSRS)	29	1		30
Adult	50360	Voc/Day - Sheltered Workshop Services	24	82	17	123
Adult	50361	Vocational Skills Training			2	2
Adult	50362	Voc/Day - Prevocational Services	3	47	5	55
Adult	50364	Voc/Day - Job Development	1			1
Adult	50367	Day Habilitation	8	2		10
Adult	50368	Voc/Day - Individual Supported Employment	11	1	19	31
Adult	50369	Voc/Day - Group Supported Employment		1	4	5
Adult	50399	Voc/Day - Day Habilitation	22	2	9	33

Age	COA	Service Funded				
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	14			14
Adult	63399	Comm Based Settings (1-5 Bed) - Other			1	1
Adult	64314	Comm Based Settings (6+ Beds) - RCF	387	17	2	406
Adult	64315	Comm Based Settings (6+ Beds) - RCF/MR	1			1
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	22			22
Adult	71319	State MHI Inpatient - Per diem charges	61	1		62
Adult	71399	State MHI Inpatient – Other (Oakdale)	3			3
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	184	1		185
Adult	74300	Commitment - Diagnostic Evaluations	147	3		150
Adult	74353	Commitment - Sheriff Transportation	824	7	2	833
Adult	74393	Commitment - Legal Representation	750	5		755
Adult	74399	Commitment - Other	7			7
Adult	75101	Mental Health Advocate - Wages of Temp & Part Time Employees	29			29
Adult	75395	Mental Health Advocate - General	521	2	1	524
Adult	75412	Mental Health Advocate - Postage & Mailing	1			1
Adult	75413	Mental Health Advocate - Mileage & Other Travel Expenses	37	2	1	40
Adult	75414	Mental Health Advocate - Telecommunications Services	7	1		8
Adult	75422	Mental Health Advocate - Educational & Training Services	1			1
Child	22399	Services Management - Other	1			1
Child	31354	Transportation - General	1			1
Child	32329	Support Services - Supported Community Living	2		1	3
Child	42305	Psychotherapeutic Treatment - Outpatient	1			1
Child	44305	24 Hour Crisis Response	1			1
Child	64314	Comm Based Settings (6+ Beds) - RCF	1			1
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	4			4
Child	74300	Commitment - Diagnostic Evaluations	4			4
Child	74353	Commitment - Sheriff Transportation	12			12
Child	74393	Commitment - Legal Representation	5	1		6
Child	75395	Mental Health Advocate - General	52			52
Child	75413	Mental Health Advocate - Mileage & Other Travel Expenses	1			1

The chart below shows the unduplicated count of individuals funded by diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	68	2761	2829	40
Mental Illness,Intellectual Disabilities	0	16	16	40,42
Mental Illness,Other Developmental Disabilities	0	13	13	40,43
Intellectual Disabilities	1	167	168	42
Intellectual Disabilities,Other Developmental Disabilities	0	4	4	42,43
Other Developmental Disabilities	1	98	99	43
Total	70	3060	3130	

Moneys Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

The chart below show the regional funds expended by service and by diagnosis.

FY 2015 Accrual	ECR MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
43301	Assessment & evaluation	$ -	$ -	$ -	$ -		$ -
42305	Mental health outpatient therapy	$ 206,885	$ -	$ -	$ -		$ 206,885
42306	Medication prescribing & man	$ -	$ -	$ -	$ -		$ -
71319	Mental health inpatient therapy-MHI	$ 1,010,973	$ 7,295	$ -	$ -		$ 1,018,268
73319	Mental health inpatient therapy	$ 165,644	$ 177	$ -	$ -		$ 165,821
	Basic Crisis Response						
32322	Personal emergency response	$ 2,634	$ 115	$ 5,100	$ -		$ 7,849
44301	Crisis evaluation	$ 650	$ -	$ -	$ -		$ 650
44305	24 hour access to crisis respon	$ 197,624	$ 450	$ -	$ -		$ 198,074
	Support for Community Living						
32320	Home health aide	$ -	$ 1,680	$ -	$ -		$ 1,680
32325	Respite	$ -	$ 1,443	$ 4,895	$ -		$ 6,338
32328	Home & vehicle modifications	$ -	$ -	$ -	$ -		$ -
32329	Supported community living	$ 2,111,833	$ 98,456	$ 569,400	$ -		$ 2,779,689
	Support for Employment						
50362	Prevocational services	$ 188	$ 80,921	$ 24,873	$ -		$ 105,982

50367	Day habilitation	$ 78,224	$ 17,463	$ 109,394	$ -		$ 205,081
50364	Job development	$ 909	$ -	$ -	$ -		$ 909
50368	Supported employment	$ 13,968	$ 15,519	$ 74,142	$ -		$ 103,629
50369	Group Supported employmen	$ -	$ 1,496	$ 9,503	$ -		$ 10,999
	Recovery Services						
45323	Family support	$ -	$ -	$ -	$ -		$ -
45366	Peer support	$ -	$ -	$ -	$ -		$ -
	Service Coordination						
21375	Case management	$ 2,852	$ 1,583	$ 847	$ -		$ 5,282
24376	Health homes	$ -	$ -	$ -	$ -		$ -
	Core Evidenced Based Treatment						
45373	Family psychoeducation	$ -	$ -	$ -	$ -		$ -
42397	Psych rehab (ACT & IPR)	$ 26,243	$ -	$ -	$ -		$ 26,243
	Core Domains Total	$ 3,818,627	$ 226,598	$ 798,154	$ -		$ 4,843,380
Mandated Services							
46319	Oakdale	$ 57,286	$ -	$ -	$ -		$ 57,286
72319	State resource centers	$ -	$ -	$ -	$ -		$ -
74XXX	Commitment related (except 301)	$ 225,002	$ 3,448	$ 255	$ -		$ 228,705
75XXX	Mental health advocate	$ 223,874	$ 116	$ 14	$ -		$ 224,004
	Mandated Services Total	$ 506,162	$ 3,564	$ 269	$ -		$ 509,995
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	$ 241,372	$ -	$ -	$ -		$ 241,372
44366	Warm line	$ 7,422	$ -	$ -	$ -		$ 7,422
44307	Mobile response	$ 605,380	$ -	$ -	$ -		$ 605,380
44302	23 hour crisis observation & holding	$ -	$ -	$ -	$ -		$ -
44312	Community based crisis stabilization	$ -	$ -	$ -	$ -		$ -
44313	Residential crisis stabilization	$ 259,848	$ 2,958	$ -	$ -		$ 262,807
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$ -	$ -	$ -	$ -		$ -
64309	Subacute services-6 and over beds	$ -	$ -	$ -	$ -		$ -
	Justice system-involved services						
46305	Mental health services in jails	$ -	$ -	$ -	$ -		$ -

46422	Crisis prevention training	$ 50,725	$ -	$ -	$ -		$ 50,725
74301	Civil commitment	$ -	$ -	$ -	$ -		$ -
46399	Justice system-involved services-other	$ -	$ -	$ -	$ -		$ -
	Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in	$ 101,539	$ -	$ -	$ -		$ 101,539
	Additional Core Domains	$ 1,266,286	$ 2,958	$ -	$ -		$ 1,269,244
Other Informational Services							
03XXX	Information & referral	$ -	$ -	$ -	$ -		$ -
04XXX	Consultation	$ 2,480	$ -	$ -	$ -		$ 2,480
05XXX	Public education	$ 39,112	$ -	$ -	$ -		$ 39,112
	Other Informational Services	$ 41,592	$ -	$ -	$ -		$ 41,592
Other Community Living Support Services							
06399	Academic services	$ -	$ -	$ -	$ -		$ -
22XXX	Services management	$ 823,754	$ 52,251	$ 61,269	$ -		$ 937,273
23376	Crisis care coordination	$ -	$ -	$ -	$ -		$ -
23399	Crisis care coordination other	$ -	$ -	$ -	$ -		$ -
24399	Health homes other	$ -	$ -	$ -	$ -		$ -
31XXX	Transportation	$ 85,545	$ 712	$ 8,907	$ -		$ 95,163
32321	Chore services	$ -	$ -	$ -	$ -		$ -
32326	Guardian/conservator	$ 6,658	$ 5,442	$ 2,557	$ -		$ 14,657
32327	Representative payee	$ -	$ -	$ -	$ -		$ -
32335	CDAC	$ -	$ -	$ -	$ -		$ -
33330	Mobile meals	$ -	$ -	$ -	$ -		$ -
33340	Rent payments (time limited)	$ -	$ -	$ -	$ -		$ -
33345	Ongoing rent subsidy	$ 183,218	$ 2,196	$ -	$ -		$ 185,414
33399	Other basic needs	$ 18,717	$ 1,409	$ 940	$ -		$ 21,066
41305	Physiological outpatient	$ 926	$ -	$ -	$ -		$ 926
41306	Prescription meds	$ 9,715	$ 14	$ -	$ -		$ 9,729
41307	In-home nursing	$ -	$ -	$ -	$ -		$ -
41308	Health supplies	$ -	$ -	$ -	$ -		$ -
41399	Other physiological	$ 20	$ -	$ -	$ -		$ 20
42309	Partial hospitalization	$ -	$ -	$ -	$ -		$ -

42363	Day treatment	$ 504	$ -	$ -	$ -		$ 504
42396	Community support programs	$ 35,683	$ -	$ -	$ -		$ 35,683
42399	Other psychotherapeutic treatment	$ 95,436	$ 525	$ 25,137	$ -		$ 121,098
43399	Other non-crisis evaluation	$ -	$ -	$ -	$ -		$ -
44304	Emergency care	$ 43,101	$ -	$ -	$ -		$ 43,101
44399	Other crisis services	$ -	$ -	$ -	$ -		$ -
45399	Other family & peer support	$ -	$ -	$ -	$ -		$ -
50361	Vocational skills training	$ -	$ -	$ 855	$ -		$ 855
50365	Supported education	$ -	$ -	$ -	$ -		$ -
63XXX	RCF 1-5 Beds	$ -	$ -	$ -	$ -		$ -
63XXX	ICF 1-5 Beds	$ -	$ -	$ -	$ -		$ -
63329	SCL--1-5 beds	$ 143,684	$ -	$ -	$ -		$ 143,684
63399	Other--1-5 beds	$ -	$ -	$ 4,800	$ -		$ 4,800
	Other Comm Living Support Services Total	$ 1,446,962	$ 62,548	$ 104,464	$ -		$ 1,613,974
Other Congregate Services							
50360	Work services (work activity/sheltered work)	$ 47,718	$ 369,178	$ 51,184	$ -		$ 468,080
64XXX	RCF--6 and over beds	$ 5,723,935	$ 186,095	$ 30,176	$ -		$ 5,940,205
64XXX	ICF--6 and over beds	$ -	$ -	$ -	$ -		$ -
64329	SCL--6 and over beds	$ -	$ -	$ -	$ -		$ -
64399	Other 6+ Beds	$ -	$ -	$ -	$ -		$ -
	Other Congregate Services Total	$ 5,771,653	$ 555,273	$ 81,360	$ -		$ 6,408,286
Administration							
11XXX	Direct Administration					$ 21,252,833	$ 21,252,833
12XXX	Purchased Administration					$ 235,401	$ 235,401
	Administration Total					$ 21,488,234	$ 21,488,234
	Regional Totals	$ 12,851,282	$ 850,942	$ 984,246	$ -	$ 21,488,234	$ 36,174,705
(45)County Provided Case Management						$ -	$ -
(46)County Provided Services						$ -	$ -
	Regional Grand Total						$ 36,174,705

*Medicaid offset amount of $2,130,508.00 should be deducted from the total Direct Administration costs.

Revenue

FY 2015 Accrual	ECR MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		$ 18,656,308
	Local/Regional Funds		$ 21,459,515
10XX	Current Net Tax/Delinquent	$ 21,240,444	
12xx-16xx	Other Taxes	$ 40,851	
21xx	State Property Credits	$ -	
29xx	In Lieu of Taxes	$ -	
531x	Client Fees	$ 26,073	
60xx	Interest	$ -	
8xxx	/misc reimb	$ 152,147	
	State Funds		**$ 6,218,290**
2250	MHDS Equalization	$ 5,732,110	
2645	State Payment Program	$ (854)	
25x,26x	Misc 25x,26x revenues	$ 107,770	
22xx	Replacement Credits	$ 266,726	
2641	Case Management	$ 112,538	
	Federal Funds		**$ 2,885,557**
2344	Social services block grant	$ 2,681,105	
2345	Medicaid	$ 203,392	
29xx	Federal payments in lieu of taxes	$ 1,060	
	Total Revenues		$ 30,563,362
	Total Funds Available for FY15	$ 49,219,670	*Net of $17,687,520 exchanged between member counties & fiscal agent.
	FY15 Regional Expenditures	$ 18,841,339	
	Accrual Fund Balance as of 6/30/15	$ 30,378,331	

County Levies

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Benton	25,827	1,221,101	908,642	908,642	908,642	35.18
Bremer	24,479	1,157,367	1,294,995	1,157,367	1,157,367	47.28
Buchanan	20,942	990,138	1,292,163	990,138	990,138	47.28
Delaware	17,574	830,899	926,948	830,899	830,899	47.28
Dubuque	95,097	4,496,186	5,165,648	4,496,186	4,496,186	47.28
Iowa	16,189	765,416	729,235	729,235	729,235	45.05
Johnson	136,317	6,445,068	3,138,395	3,138,395	3,138,395	23.02
Jones	20,639	975,812	883,021	883,021	883,021	42.78
Linn	215,295	10,179,148	8,195,141	8,195,141	8,068,718	37.48
Region	**572,359**	**27,061,134**	**22,534,188**	**21,329,024**	**21,202,601**	37.04

Source: DOM Form 638-R

Outcomes

From the Transition Plan: System of Care Approach These steps did not occur as envisioned. The process required too much time from community members. We kept each step to make sure people were involved but made modifications to each step so that it flowed better.

The ECR will follow a process as services are added across the region.
1 ***Develop committee:*** *The ECR plans to send out open invitations and facilitate or arrange facilitation of meetings for anyone who is interested in the conversation for issues related to the system of care. The ECR will make prior visits to NAMI and Drop in Centers to encourage participation. The ECR will also reach out to families and peers by word of mouth and through agencies and will specifically reach out to law enforcement. The goal is for all to build the system collaboratively.*

ADDRESSED: This was achieved. The region had large 3 community meetings. The first was the kick off in July with a full day meeting in Cedar Rapids including just over 150 people from across the region. The second was held in Benton County with about 60 participants and the third was held in Manchester with about 80 participants. All had consumers well represented, as well as families, providers and interested community members such as United Way. We jointly developed values and people chose what they thought were the most important needs. We then had a series of meetings for all of those interested in providing the services identified and worked with them to develop the services. The ECR website shows the meeting times, agendas and minutes for the Regional Governing Board, Advisory Committee, Learning Committee, and Peer Group. Law Enforcement met with ECR staff to discuss needs for a Jail Diversion process in the counties that had not previously had that service. The CEO met with all providers in each county in a series of meetings to hear about their concerns and make changes as needed.

2 ***Assess need:*** *The needs will be different across the region. Some areas of the region have services in place while we need to expand or enhance services into other areas of the region. In other instances new services will be built across the region.*

ADDRESSED: This was achieved. The biggest need across the region was access to prescribers.

Rural: The biggest need we have in the rural counties is transportation. There were three large transportation meetings held to identify needs across the region. Then we did a survey to find out precisely where and what the needs were. We currently have a group working on different options to help meet that need and it includes participants from all of the rural counties.

The biggest issue in the urban counties is staff turnover. We are developing a questionnaire to determine what staff and providers think would assist in retaining staff. The region will then look at how we can support those initiatives. We have discussed things like cooperative childcare so that workers can keep more of their earned income for other needs. We have discussed training and staff support. It was clear that we need to hear from the staff. The biggest need in Johnson County is affordable housing. We had three large housing meetings and are reaching out to other regions to work on this with us. It is something that will have to involve people at the state and federal levels. This is where we have done the least work. In the meantime we are working with Johnson County on a case by case basis to meet the need.

3 Develop vision: *ECR members will build the system with an emphasis on multi-occurring and trauma informed services, collaboration among providers, workforce training, individual satisfaction, continuity, cost effectiveness and outcomes.*

ADDRESSED: This was achieved. Prevention is one of the areas where the new regional system is allowing us to do things differently than in the past. The region invested $350,000 for training that will include staff, families, corrections, and the wider community. We have 15 people trained in the region to provide ACES training in 15 minute, 45 minute, half day or full day increments. We will have an additional 15 people trained to provide Trauma Informed Care training within agencies and to the larger community. We have three year contracts to assist us in sustaining the momentum. Anyone in the region

can request trainers free of charge. Some of the trainers are regional staff. There are also trainers from United Way, Youth services, Extension offices, etc. There are trainers for every county in the region.

Provider collaboration was achieved through heavily participating in the larger planning meetings so they had the opportunity to meet in discussions. The Steering Committee for the learning community included exercises for Trauma Informed Care which helped people get to know each other on a more subjective level. These exercises will continue for the learning community meetings. The learning community will engage providers in helping each other which should also produce more collaboration.

The regional staff have collaborated on multiple projects including:
Crisis Stabilization beds created
Mobile Crisis Outreach available across the region
Iowa Help Line developed (crisis hotline, chat and text line, and website)
Jail Diversion expanded to include all counties across the region
RHD shared information through meetings with other providers invited to attend
NAMI increased presence
CEO met with all providers across the region in their own counties
Participating in the START Control Group (2016)
Developed the Learning Community
Developed the Steering Committee

Workforce training is on target to be achieved with ACES and TIC and evidence based practices over a timeline of the next two years.

Individual satisfaction has not yet been achieved. We sent out questionnaires but realized we were not reaching a large part of the population because we do not fund them. We will have to revamp our methods.

Continuity has not yet been measured as we have to develop a method to measure this.

Cost effectiveness does not yet have enough information after one year to do some measurements but we will have to drill down to get to meaningful information. We downsized management and regional staff by attrition. We did a study of staff and it appears we are about right in terms of numbers. There are times when we function well but there are other times when we could use some assistance for projects. We have met this need by contracting with additional staff short term. Ways cost-effectiveness was reached within the ECR included:

- Decreased administrative costs by not replacing Benton, Iowa and Johnson County coordinators of disability services.
- All processes and functions are regionalized including claims, contracting, intake, budgeting, fiscal agent, service coordination/social work and quality assurance.
- Sharing Regional Social Workers across counties.
- Utilized own county resources and personnel. Delaware volunteered the use of the Delaware Assistant county attorney to serve as the regional attorney. This has worked very well. We have used our own IT staff and HIPAA officers.
- Consultants utilized for projects instead of hiring staff.
- Telehealth increased throughout the regional hospital emergency rooms for non-psychiatric hospitals.
- SOAR/IAR processes tracked.
- New provider to reduce or prevent costs at MHI.
- Medication costs reduced by implementing a formulary.
- Concerted effort to move people from MHI/RCF to the community.

Outcomes are in the process of being identified as we want to measure these in time for the next contracting period. These include those identified in 2014 Code of Iowa 225C.6A: access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and family natural supports. The ECR showed improvement of welcoming,

person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care by working with Dr. Kline on two separate occasions to be sure the systems were addressing multi-occurring diagnosis.

The degree to which services have been distributed throughout the region includes the position that each county seat is within 30 miles of the border of itself so services are all available within the reasonable distance and time set forth by the state.

The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals included the following: 211 total exceptions to policy, with 197 approved and 14 denied
The majority of the requests received asked for rent or rent subsidies.

4 ***Develop model(s):*** *The committees will develop model(s) for new services.*

ADDRESSED: This was supposed to be a large group of providers, consumers, families and the community reviewing new services prior to presentation to the Regional governing board, however we were moving so fast getting services up and running that we simply did not have time to implement this step. In addition, people were on so many committees that an additional one simply did not seem feasible. We had input from the community as described below and it worked well but it was different than initially envisioned. The original plan would be a model better used for a region that was established and growing at a slower pace. We did implement a process which worked very well described below. We had more people participating in the planning than we ever had in the past.

A. MIS Committee was convened to determine what the best computer system would be. CSN was chosen.
B. Transportation Committee convened to determine what options are available within the region. This committee continues to meet. We are looking into an Uber-like service, cab subsidies, volunteer transportation, and adjustments to county run transportation services, as well as other options.
C. The Learning Community Committee was established to begin to work toward a collaborative effort in training and support for the providers of the ECR. A Steering Committee works with the Learning Community Committee.
D. A Peer Sub-Committee was developed from the Advisory Committee. They will become a regular component of the Regional Governing Board agenda.
E. The Housing Committee met 3 times and instituted rent subsidy across the region. There is a lot of work to do to bring in affordable housing.
F. The crisis service components continue to be adjusted to improve services.

5 ***Public Forum/Comments:*** *Previously, counties in our region have tended to develop many services based on available funding or needs perceived by providers or staff which contributes to system fragmentation. The ECR wants to assure that families and individuals receiving services are encouraged and assisted to participate in evaluation of proposals.*

ADDRESSED: This is an area for improvement. The Advisory Committee includes 50% family members and peers but discussion tends to be focused on provider needs during discussions. That is certainly appropriate but we have not had a clear discussion on what families and utilizers of the system see as the positives and negatives and where they see needs. One thing that has become abundantly clear is that the general public does not even know there is a mental health network in place. We used an advertising agency to develop handouts. We distributed them to many different venues and we developed a website at iowahelpline.org (see Attachment D). Foundation II also visited with the local hospitals and many community forums introducing the Iowa Help Line. The advertising pieces have been referenced by a few people who call. The website is seeing very little traffic. Going forward we plan to make a concerted effort to reach out to general practitioners, hospital emergency rooms, and law enforcement. We also plan to contact pastors, funeral homes, stylists and many others in every community in the region. Our main issue is staff time. It appears we will need to hire someone specifically for this purpose.

An RFP Committee was developed to review the RFP sent out to the region's providers for any innovative services. Most of what we did the first 6 months was to get what was required in place. In the second half of the year we issued an RFP for any good suggestions for services or anything else that members of the region thought would help. We received 13 proposals and chose 3 to pursue. The RFP committee included IVRS staff from three different areas of the region, a banker

from Manchester, 3 management staff and two supervisors. The ideas chosen were all vocational projects that we can pilot and then spread across the region if they work. In order to make sure that happens, the providers chosen have agreed to offer consultation to other interested providers at the region's expense. This process worked very well.

6 ***Regional Advisory Committee Approval:*** *The Regional Advisory Committee will make a decision to pass the proposal(s) on to the Regional Governing Board.*

ADDRESSED: The Advisory Committee president and vice-president are on the regional governing board. There is a time set aside on the Regional Governing Board agenda at every meeting for Advisory Committee to address the board with anything they choose. There is also a time set aside at the Regional Governing Board meetings for the public to address the board.

7 ***Regional Governing Board:*** *The Regional Governing Board will make the final decision on services and supports.*

This process has worked well. The board has given excellent advice and direction. They are thoughtful about their decisions and make sure that all aspects are considered.

8 ***Implementation:*** *The ECR will fund the service approved.*

9 ***Assessment:*** *The committees will convene to look at outcomes and make adjustments or changes.*
The advisory committee would like to take this role. It would be even better if we had more of an opportunity for people to comment. We will work on this in the coming year.

The degree to which services have been distributed throughout the region includes the position that each county seat is within 30 miles of the border of itself so services are all available within the reasonable distance and time set forth by the state.

The ECR showed improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care by working with Dr. Kline on two separate occasions to be sure the systems were addressing multi-occurring diagnosis.

The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals included the following:

211 total exceptions to policy
197 approved
14 denied

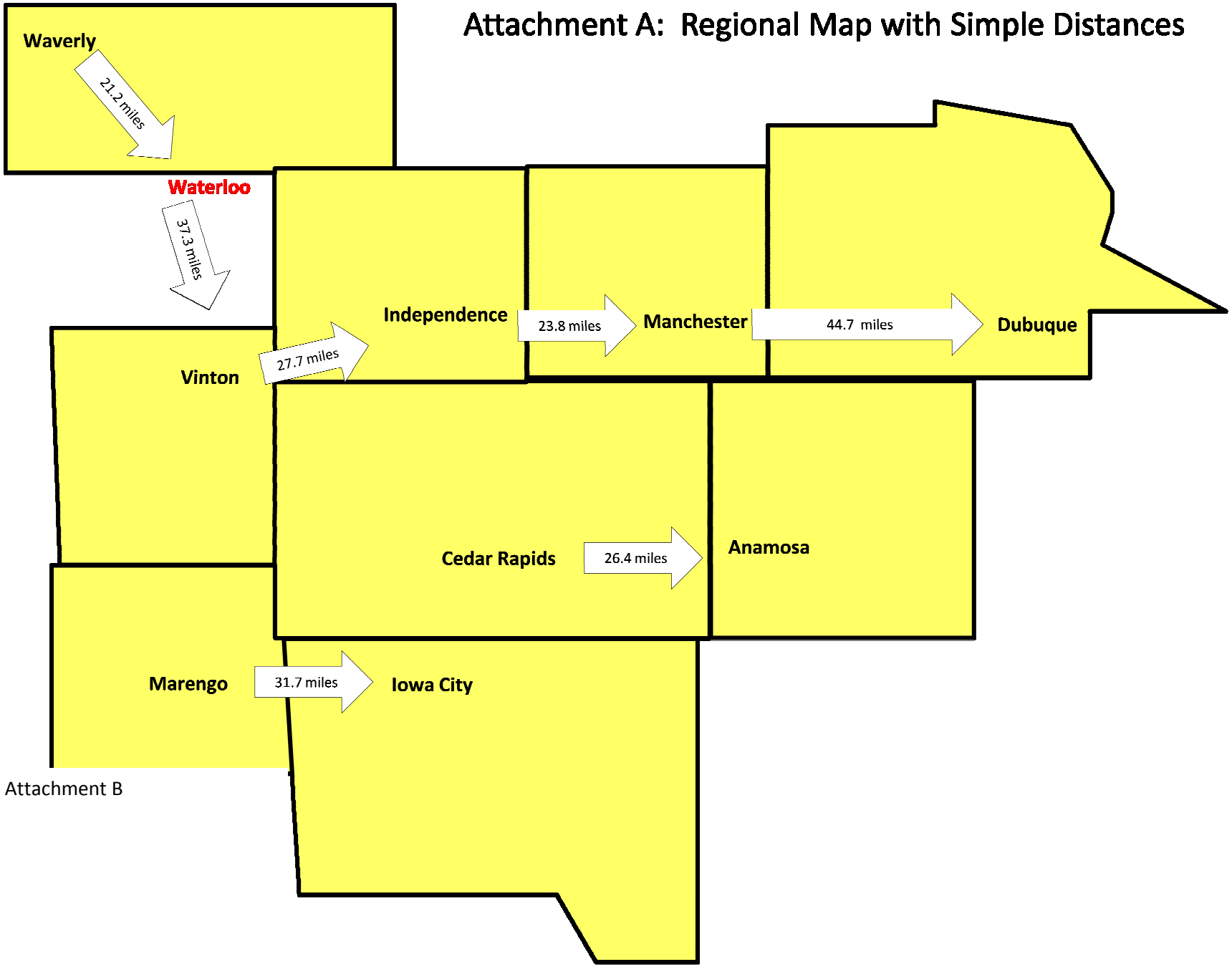
The majority of the requests were for rent or rent subsidies.

Overall it was an exciting year! We have services across the region that we have never had before. It took longer in most cases to get the services up and running than we planned but we were able to get it done prior to the year end.

Wayne Manternach, Chairman ECR Regional Board

12/14/2015
Date

Attachment A: Regional Map with Simple Distances



Attachment B

Key
X new service in county
NO: not needed
NP: no provider willing
W: waiting

Core Service Locations/Distances

Code	Description	Benton	Bremer	Buchanan	Dubuque	Delaware	Iowa	Johnson	Jones	Linn
25.3(1)a	CMHC	X	21.2	X	X	X	31.7	X	X	X
25.3(1)b	inpatient psychiatric unit or state mental health institute	27.7	21.2	X	X	23.8	31.7	X	26.4	X
25.3(3)a(1)	Emergency: During an emergency, outpatient services	X	X	X	X	X	X	X	X	X
25.3(3)a(2)	Urgent: Outpatient services	X	X	X	X	X	X	X	X	X
25.3(3)a(3)	Routine: Outpatient services	12WK	6WK	24WK	12WK	16 WK	12WK	12WK	12WK	12WK
25.3(3)a(4)	**Proximity**: Outpatient services shall be offered within 30/45 miles	X	21.2	X	X	X	31.7	X	X	X
25.3(3)b(1)	**Timeliness**: The region shall provide inpatient treatment	YES	YES	YES	YES	YES	YES	YES	YES	YES
25.3(3)b(2)	**Proximity**: Inpatient services shall (100 miles)	27.7	21.2	X	X	23.8	31.7	X	26.4	X
25.3(3)c	**Timeliness**: Assessment and evaluation. within four weeks.	12	6	24	12	16	12	12	12	12
25.3(2) & 25.3(4)a	**Timeliness**: 24/7/365access to crisis response,	X	X	X	X	X	X	X	X	X
25.3(4)b	**Timeliness**: Crisis evaluation within 24 hours.	X	X	X	X	X	X	X	X	X
25.3(5)	**Timeliness**: 4 weeks SCL	X	X	X	X	X	X	X	X	X
25.3(6)	**Timeliness**: employment. 60 days	X	X	X	X	X	X	X	X	X
25.3(7)	**Proximity**: An individual receiving recovery services 30/45 miles	37.3	21.2	28.5	X	44.7	31.7	X	26.4	X
25.3(8)a	**Proximity**: service coordination 3/45	X	X	X	X	X	X	X	X	X
25.3(8)b	**Timeliness**: service coordination within 10 days of the initial request for such service	X	X	X	X	X	X	X	X	X

Core Plus Service Locations/Distances

Code	Description	Benton	Bremer	Buchanan	Dubuque	Delaware	Iowa	Johnson	Jones	Linn
	24-Hour Crisis Hotline	X	X	X	X	X	X	X	X	X
	Mobile Response	X	X	X	X	X	X	X	X	X
	23-Hour crisis observation & holding	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Crisis Stabilization Community Based Services	X	X	X	X	X	X	X	X	X
	Crisis Stabilization Residential Services	NP	NP	NP	NP	NP	NP	NP	NP	NP
	Subacute Services 1-5 beds	W	W	W	W	W	W	W	W	W
	Subacute Services 6+ beds	W	W	W	W	W	W	W	W	W
	Jail Diversion	X	X	X	X	X	X	X	X	X
	Crisis Prevention Training	X	X	X	X	X	X	X	X	X
	Civil Commitment Prescreening									

Key
X new service in county
NO: not needed
NP: no provider willing
W: waiting

Attachment C

Attachment D: People can connect to all crisis services with one number